

Announced Care Inspection Report 08 December 2020



Beechway Houses

Type of Service: Domiciliary Care Agency
**Address: Shepherds Way, Dungiven Road,
Londonderry, BT47 5GW**
Tel No: 028 7131 2627
Inspector: Aveen Donnelly

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It should be noted that this inspection report should not be regarded as a comprehensive review of all strengths and areas for improvement that exist in the service. The findings reported on are those which came to the attention of RQIA during the course of this inspection. The findings contained within this report do not exempt the service provider from their responsibility for maintaining compliance with legislation, standards and best practice.

1.0 What we look for



2.0 Profile of service

Beechway Houses is a domiciliary care agency (supported living type) located in Londonderry, which supports up to 16 service users, whose care is commissioned by the Western Health and Social Care Trust.

Service users reside in two bungalows; the agency's office is situated adjacent to the homes of the service users and accessed from a separate entrance. Staff are available 24 hours per day to provide care and support to service users to assist them in maintaining their tenancy, live as independently as possible and be involved in the local community.

3.0 Service details

Organisation/Registered Provider: Apex Housing Association Responsible Individual(s): Miss Sheena McCallion	Registered Manager: Mrs Delma Lorraine McCurry
Person in charge at the time of inspection: Mrs Delma Lorraine McCurry	Date manager registered: 15 June 2017

4.0 Inspection summary

Due to the coronavirus (COVID-19) pandemic the Department of Health (DOH) directed RQIA to continue to respond to ongoing areas of risk identified in services.

The last care inspection was undertaken on 21 May 2019. Since the date of the last care inspection, a small number of correspondences were received in respect of the agency. RQIA was also notified of a small number of incidents which had occurred within the agency.

In consideration of the agency's regulatory history, in addition to RQIA not being made aware of any specific risk to the service users within the agency, the decision was made to undertake a remote inspection approach, to reduce any risk in relation to the spread of Covid-19.

An announced inspection took place on 08 December 2020 from 10.00 to 13.30 hours.

This inspection was completed following a review of information requested to be submitted to RQIA prior to the inspection. During the inspection, we focused on discussing aspects of the submitted information, in order to substantiate the information. We also focused on contacting stakeholders to obtain their views on the service quality.

We reviewed the dates that criminal records checks (Access NI) had been completed to ensure that they were in place before staff visited service users. We checked that all staff were registered with the Northern Ireland Social Care Council (NISCC) and the Nursing and Midwifery Council (NMC) and that there was a system in place for ongoing monitoring of staff registrations. Staff adherence to the Covid-19 Guidance was also reviewed through discussion with them. This was also verified through discussion with the manager, service users and service users' representatives. We also reviewed the list of all Covid-19 related information, disseminated to staff and displayed throughout the agency.

Evidence of good practice was found in relation to recruitment practices and staff registrations with NISCC. Good practice was also found in relation to infection prevention and control; all staff and service users had been adhering to the current Covid-19 guidance on the use of personal protective equipment (PPE).

An area for improvement was made in relation to the quality monitoring process.

All those spoken with indicated that they were happy with the care and support provided.

The findings of this report will provide the agency with the necessary information to assist them to fulfil their responsibilities, enhance practice and service users' experience.

This inspection was underpinned by the Health and Personal Social Services (Quality, Improvement and Regulation) (Northern Ireland) Order 2003, the Domiciliary Care Agencies Regulations (Northern Ireland) 2007, the Domiciliary Care Agencies Minimum Standards, 2011 and the Northern Ireland Social Care Council (Social Care Workers Prohibition) and Fitness of Workers (Amendment) Regulations (Northern Ireland) 2017.

4.1 Inspection outcome

	Regulations	Standards
Total number of areas for improvement	1	0

Areas for improvement and details of the Quality Improvement Plan (QIP) were discussed with Delma McCurry, manager, as part of the inspection process. The timescales for completion commence from the date of inspection.

Enforcement action did not result from the findings of this inspection.

4.2 Action/enforcement taken following the most recent care inspection dated 21 May 2019

No further actions were required to be taken following the most recent inspection on 21 May 2019.

5.0 How we inspect

Prior to inspection we reviewed the information held by RQIA in relation to the agency. This included the previous inspection report, notifiable events, and written and verbal communication received since the previous care inspection.

Following a review of the information submitted to RQIA, the inspection took place remotely, using technology, with the manager.

During our inspection we focused on contacting the service users, their relatives, staff and health and social care trust (HSCT) representatives to find out their views on the service.

To ensure that the appropriate staff checks were in place before staff visited service users, we reviewed the following:

- Recruitment records specifically relating to Access NI, NISCC and NMC registrations.

We also reviewed infection prevention and control (IPC) procedures to ensure that they were compliant with the Covid-19: guidance for domiciliary care providers in Northern Ireland (updated 16 June 2020).

We discussed any complaints and incidents during the inspection with the manager and we also reviewed the quality monitoring processes to ensure that these areas were routinely monitored as part of the monthly checks in line with Regulation 23.

RQIA provided information to service users, staff and other stakeholders that will support feedback on the quality of service delivery. This included service users/relative questionnaires and a staff poster to enable the stakeholders to feedback to the RQIA.

6.0 What people told us about this agency

The information received shows that people were satisfied with the current care and support. During the inspection we spoke with the manager, one senior support worker and three care workers using technology. All those spoken with confirmed that staff wore personal protective equipment (PPE) as necessary. We also spoke with two service users and three service users' representatives, who indicated that that they were very happy with the care and support provided by the agency. Two HSCT representatives also provided written comment. Comments are detailed below:

Staff

- "Everything is fine, everybody here loves the tenants and we go above and beyond for them."
- "Everything is 100 percent. (Managing) Covid is now normal practice to us now, the tenants have managed really well through Covid and we keep doing activities with them, to keep them busy."
- "I am fine, all is good here and feel quite content. I feel well supported. We are in lovely surroundings here and we are very lucky to have the tenants we have. You can give them all the care you want to give them and don't feel rushed at all."
- "Everything is good here."

Two staff members spoke about the responsiveness of the manager. One comment included praise for the manager, who the staff member stated they 'had every faith and confidence in'.

Service users

- "It is very comfortable here, the staff are very good to me."
- "I am happy."

Service users' representatives

- "If I ever have concerns I can always approach and get help with everything. They are definitely safe there and they are always polite and respectful to me."
- "They are happy living there, I have no complaints. The staff are very kind and (my relative) is loved quite a lot there. They are more than polite and you can tell that it is genuine."
- "They are getting on great under the circumstances. I am very happy with them, (they) love it there and they will always phone me if any change in her condition."
- "I wouldn't have any concerns, if she is happy, then we are happy. The senior support worker would liaise with me on a regular basis."

HSCT representatives

- “I have always found the care standard to be good in Beechway. Staff are very tuned into my client’s needs and keep everyone up to date on changes”.
- “I am happy and have no concerns. The people I am involved with have always been happy living there. The manager and all the staff are very good at keeping me in the loop.”

No responses were received via the electronic surveys.

6.1 Inspection findings

Recruitment

The review of the staff records confirmed that recruitment was managed in keeping with the regulations and minimum standards, before staff members commence employment and direct engagement with service users.

A review of the staff records confirmed that all staff are currently registered with NISCC and the NMC. We noted that there was a system in place each month for monitoring staff registrations. The manager advised that staff are not permitted to work if their professional registration lapses.

COVID-19

Discussion with the manager and staff identified that they had a good understanding of the procedure to follow in the event of service users or staff being diagnosed with Covid-19. There was a protocol in place in relation to managing the care of new referrals and in relation to service users who may be discharged from hospital.

Staff had also completed training in relation to infection, prevention and control and Covid-19 awareness training. This included training on the donning (putting on) and doffing (taking off) of PPE. All those consulted with described how their training included a video on the correct donning and doffing procedures and that they were required to watch on a weekly basis. The manager further described how signage was displayed in relation to donning and doffing guidance.

Staff described how they wore PPE for activities that brought them within two metres of service users. The staff members spoken with reported that there was an appropriate supply of PPE and sufficient bins available to allow the safe disposal of PPE. There was a system in place to ensure that an infection control audit was undertaken on a daily basis. This included senior staff spot checking care staff in relation to their adherence to the guidance and handwashing audits. All service users spoken with confirmed that the staff wore PPE appropriately.

Where the masks posed difficulties for those who were able to lip-read, staff supported them by using Makaton sign-language and wrote things down, so that they were sure that the service user understood what they were trying to convey.

The manager described the availability of hand sanitisers which is accessible throughout the bungalows for service users and staff to use. Hand-washing posters were displayed as visual aids to ensure that handwashing was being done correctly.

Service users had been supported to maintain a two metre distance from other people. Changes to the routines of the agency had been made, to ensure this could be maintained.

Tenants' meeting had been rearranged to ensure that those who lived in separate bungalows did not congregate together. The staff rosters had also been designed so that there was as little cross-over of staff between the bungalows. Staff break times had also been pre-arranged, to ensure that the staff did not intermingle with each other.

Changes had also been made to the numbers of people who were permitted to be in the agency's mini-bus, to ensure that they could maintain social distancing while travelling.

The manager described how signage in relation to visiting was displayed prominently at the entrances. Whilst visiting had been temporarily suspended due to Covid-19, there was a visiting protocol in place. This meant that when visiting recommences, relatives will have to agree to a specified visiting timeslot, where they will be observed washing their hands and be provided with a mask. A system was in place to ensure that visitors have their temperatures checked and complete wellness checks to ensure that they have not been in contact with anyone who has Covid-19 and that they have no symptoms. The protocol also includes cleaning of the visiting room after each use.

There was also a system in place to ensure that staff had their temperatures checked twice daily and wellness checks recorded. We were informed that service users had their temperatures monitored twice daily. Advice was given in relation to expanding the monitoring records to include asking about and looking out for an elevated fever of 37.8C or above, a persistent cough, loss of or change in sense of smell or taste. This advice was welcomed by the manager who took corrective action during the inspection, to address this.

Enhanced cleaning schedules were in place, to minimise the risk of cross contamination. This included the frequently touched points throughout the building.

The manager provided a list to RQIA, by email, regarding the signage that was available throughout the agency, in relation to Covid-19 precautions. Daily updates in relation to Covid-19 are provided to staff via email from Apex Head Office and the manager communicated these to staff in weekly meetings. Other information in relation to Covid-19 was displayed throughout the building and retained in a Covid-19 folder. This included information related to:

- Covid-19 Guidance for Nursing and Residential Care in Northern Ireland
- Covid-19 Guidance for Domiciliary Care providers in Northern Ireland
- Apex Covid-19 Guidance for managers
- Apex Risk Management for Covid-19
- Beechway Contingency Plan
- Monitoring of Covid-19 forms when staff make contact
- Apex frequently asked questions (FAQs)
- Covid-19 Regional Principles for visiting in Care Settings in Northern Ireland (July 2020)
- Apex visiting Policy for Care homes/schemes during Covid-19
- Coronavirus awareness information for staff

The agency also had access to large print/font and easy-read material, which they could access if needed. These included information on:

- Covid-19 Information
- Human rights
- The Service User Guide
- How to make a complaint

- How to Stay Well – Looking after your mental health
- The importance of wearing masks and social distancing

Specific risk assessments had been completed for service users and staff in respect of Covid-19 risks and in regards to the need for isolation, social distancing and shielding. Additional risk assessments were completed, as appropriate, in relation to visiting and going out with their family members. The business continuity plan had also been updated to include staffing contingency measures. This included establishing Virtual Covid-19 Teams, to help support the agency should there ever be an outbreak of Covid-19.

Governance and Management Arrangements

During the inspection we discussed any complaints and any safeguarding incidents which had occurred since the date of the last inspection. We also reviewed the quality monitoring processes and were satisfied that there was governance and management oversight of these two areas. However, we identified that there was limited input from key stakeholders in the monthly monitoring reports reviewed. Of note, in April 2017, Apex Housing Association implemented an alternative approach to assuring quality monitoring and this was deemed appropriate by RQIA at that time. RQIA has been engaging with senior representatives from Apex Housing since February 2020, to ensure that the monitoring visits revert to being undertaken on a monthly basis, in keeping with Regulation 23. Whilst we acknowledge that the organisation has been working towards this, an area for improvement has been made to ensure that this matter is concluded.

Areas of good practice

Areas of good practice were identified in relation to recruitment practices and in relation to staff registrations with their professional body. Based on manager, staff and relatives' feedback, it was evident that all staff and service users had been adhering to the current Covid-19 use of PPE guidelines.

Areas for improvement

An area for improvement was made in relation to the quality monitoring process.

	Regulations	Standards
Total number of areas for improvement	1	0

7.0 Quality improvement plan

Areas for improvement identified during this inspection are detailed in the QIP. Details of the QIP were discussed with Delma McCurry, manager, as part of the inspection process. The timescales commence from the date of inspection.

The registered provider/manager should note that if the action outlined in the QIP is not taken to comply with regulations and standards this may lead to further enforcement action including possible prosecution for offences. It is the responsibility of the registered provider to ensure that all areas for improvement identified within the QIP are addressed within the specified timescales.

Matters to be addressed as a result of this inspection are set in the context of the current registration of the agency. The registration is not transferable so that in the event of any future application to alter, extend or to sell the premises RQIA would apply standards current at the time of that application.

7.1 Areas for improvement

Areas for improvement have been identified where action is required to ensure compliance with the Domiciliary Care Agencies Regulations (Northern Ireland) 2007.

7.2 Actions to be taken by the service

The QIP should be completed and detail the actions taken to address the areas for improvement identified. The registered provider should confirm that these actions have been completed and return the completed QIP via Web Portal for assessment by the inspector.

Quality Improvement Plan

Action required to ensure compliance with The Domiciliary Care Agencies Regulations (Northern Ireland) 2007

<p>Area for improvement 1</p> <p>Ref: Regulation 23 (1)(2)(3)(4)(5)</p> <p>Stated: First time</p> <p>To be completed by: Immediate from the date of the inspection</p>	<p>The registered person shall ensure that the current system of undertaking bi-monthly visits to the agency ceases and that monthly visits are reinstated, in keeping with regulation 23.</p> <p>Ref: 6.1</p>
	<p>Response by registered person detailing the actions taken:</p> <p>The Director of Supported Living has discussed the current system of undertaking bi monthly visits with the Inspector and agreed monthly visits will commence in January 2021.</p>



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